

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Joseph Bargehouse</i>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1905	Month 5	Day 11	Years 83	Months	Days	
Sex	<i>mole</i>	Color or Race	<i>white</i>		Birth-place	<i>Germany</i>	
Occupation	<i>Farmer</i>		Where Residing if not at place of death			<i>Howard Co</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>				
Father's Name	<i>—</i>		Father's Birthplace			<i>Germany</i>	
Mother's Maiden Name	<i>—</i>		Mother's Birthplace			<i>Germany</i>	
Name of person giving information	<i>Hermon Otter</i>		How related to deceased			<i>mother by marriage</i>	

CAUSES OF DEATH

Primary

Age and debility

How long

12 months

Immediate

Hemorrhage & cancer of stomach

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Arthur Williams

Elk Ridge Howard Co Md

Accident or Suicide?

No

Name
in
Full

Geo. W. Bartlett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Savage

County

Howard

MARYLAND

Date
of death

1905

Month

7

Day

17

Years

56

Months

Days

Sex

man

Color or
Race

white

Birth-
place

Washington D. C.

Occupation

Painter

Where Residing if not
at place of death

Baltimore, Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Wm. Fairlawn

How related
to deceased

friend

CAUSES OF DEATH

Primary

Paralysis of Heart

How long

10 minutes

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Williams

Address

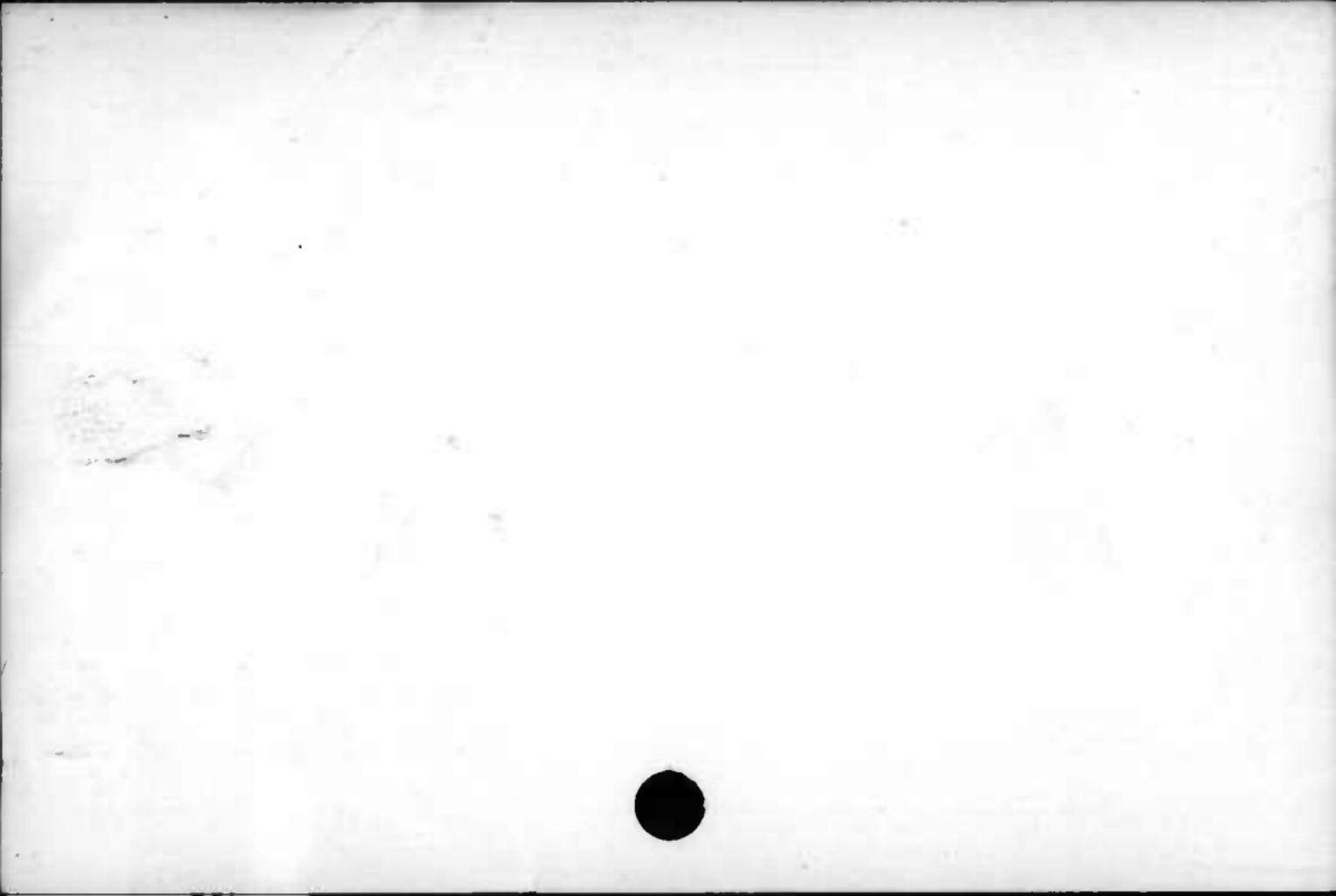
Savage

Md

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Thomas Bramblett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1905	Month Sept	Day 17	Years 23	Months	Days	
Sex Male	Color or Race	White		Maryland		
Married, Single or Widowed	Single		Occupation			
Name of Wife or Husband	Joseph Bramblett			Father's Birthplace	Maryland	
Father's Name	Mary E Bramblett			Mother's Birthplace	Maryland	
Mother's Maiden Name	Nora Bramblett			How related to deceased	Sister	
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Peritonitis

✓

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mr W. B. Rogers M.D.
Ellicott City M.D.

Accident or Suicide?



Name
in
Full

Annie Sophia Dyson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month Sept.	Day 28	Years 58	Months	Days	
Sex	Female	Color or Race	white		Birth-place	Maryland -	
Occupation	House wife		Where Residing if not at place of death		at Place of death		
Married, Single or Widowed	widow	Name of Wife or Husband	John Dyson		Father's Birthplace	Maryland	
Father's Name	Ruben Ferdinand Ridgely				Mother's Birthplace	Maryland	
Mother's Maiden Name	Margaret Ann Musgrave				How related to deceased	Sister	
Name of person giving Information	Virginia P. Day-						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lymph Adenoma (Malignant) How long 9 Months
Immediate Ex haematuria How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John. W. Webb Jr

Address

Glenelg -
Howard County, Md.

Accident or Suicide?



Name
in
Full

Alie Green

CERTIFICATE OF DEATH

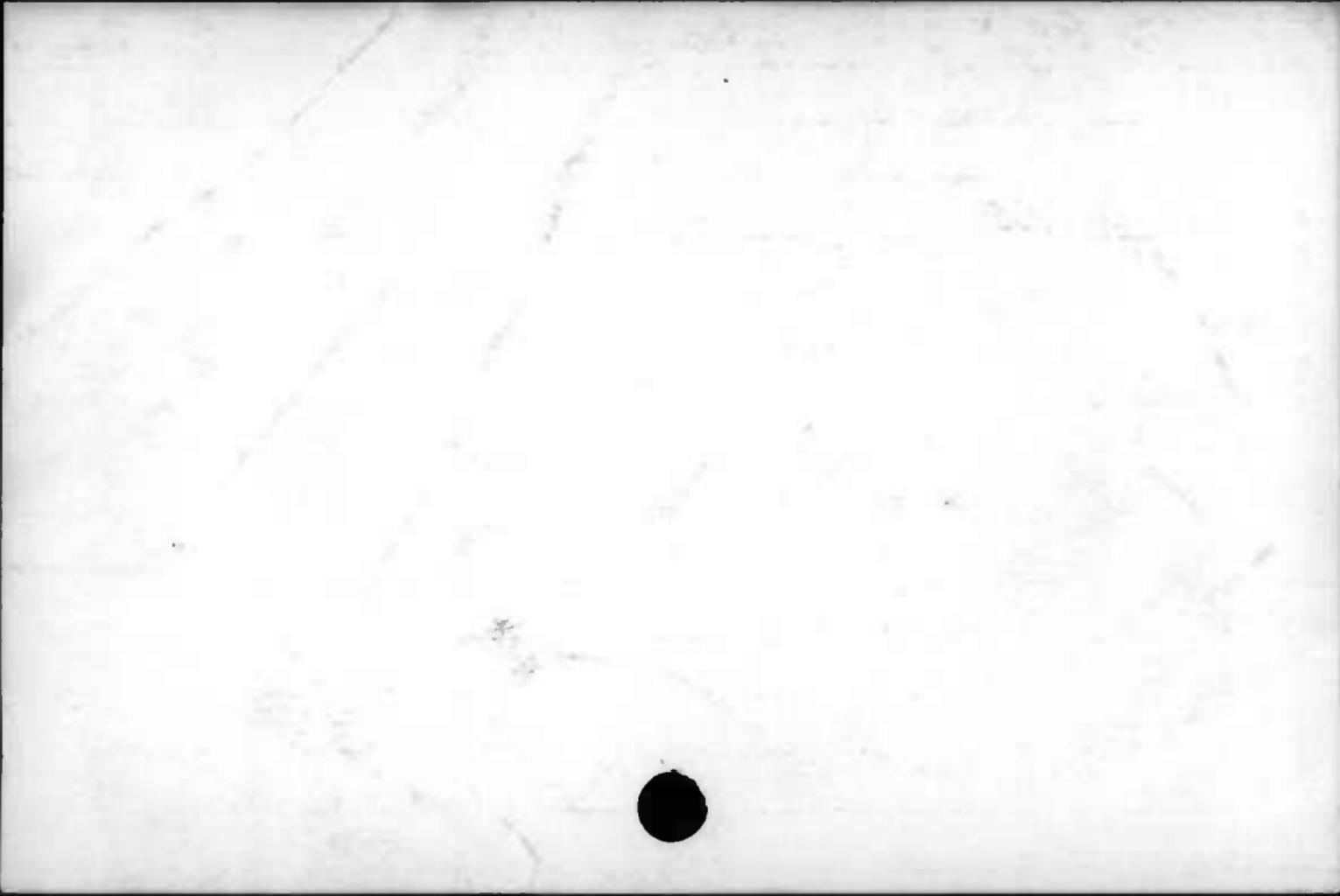
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death			Retired		
Married, Single or Widowed	Name of Wife or Husband	Charles Green			Retired	
Father's Name	Adair			Father's Birthplace		
Mother's Maiden Name	"			Mother's Birthplace		
Name of person giving information	Charles Green			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inflammation of the		How long
Immediate	Inflammation		sunergism
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		John Savage	Progressive
Address	1011 18th Street N.W.		
Accident or Suicide?	Savage		
	No		



Name
in
Full

Juddy Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mayfield</u> Town		County <u>Howard</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept.</u>	Day <u>28</u>	Years <u>100</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Virginia</u>			
Occupation <u>House work</u>	Where Residing if not at place of death <u>Spotswood Griffin</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband	Father's Birthplace <u>—</u>			
Father's Name <u>Don't know</u>	Mother's Birthplace <u>"</u>				
Mother's Maiden Name <u>"</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>George Griffin</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Debility ✓ How long one Month

Immediate

Are the name, age, sex, color, date and place correctly given above?

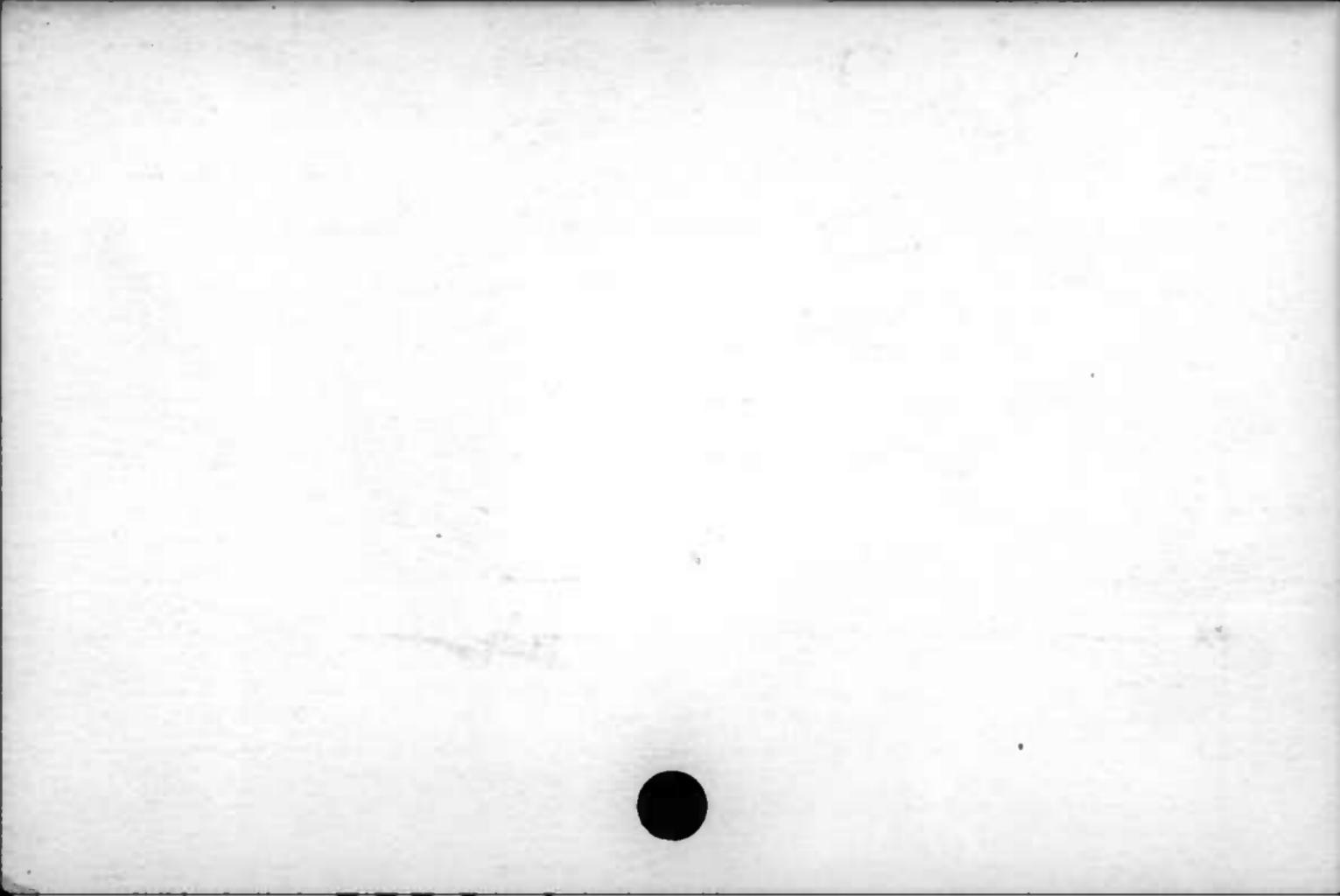
Yes.

Signature of Physician

Providence
West Friendship
Howard County

Address

Accident or Suicide?



Mary L. Keaword

Died at Pine Orchard, Howard County, MARYLAND

Town	Month	Day	Y.	M.	D.	Native of	Occupation
Sept	Sept	6	1	3	-	Md	-
Date 1895	Male	White	Age	Married	Widow	Divorced	
	Female	Colored		Single	Widower	Number of children living	

Husband of -

Wife

Father's Name

Charles Keaword

Mother's Name

Asie Keaword.

Cause of Death Primary Morosunus - 4 mos

Death Immediate Cyanisation

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town				County		CERTIFICATE OF DEATH	
Died at				Johnson (M.M.)		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days		
	Sept	23	Stillborn				
Sex	Male	Color or Race	Colored	Birth-place	Birth-	MD	place
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name		Hunter Johnson				Father's Birthplace	
Mother's Maiden Name		Amelia Ferris				Mother's Birthplace	
Name of person giving Information		Hunter Johnson				How related to deceased	

CAUSES OF DEATH

Primary

S

How long

Immediate

Stillborn

S

How long

Are the name, age, sex, color, date and place correctly given above?

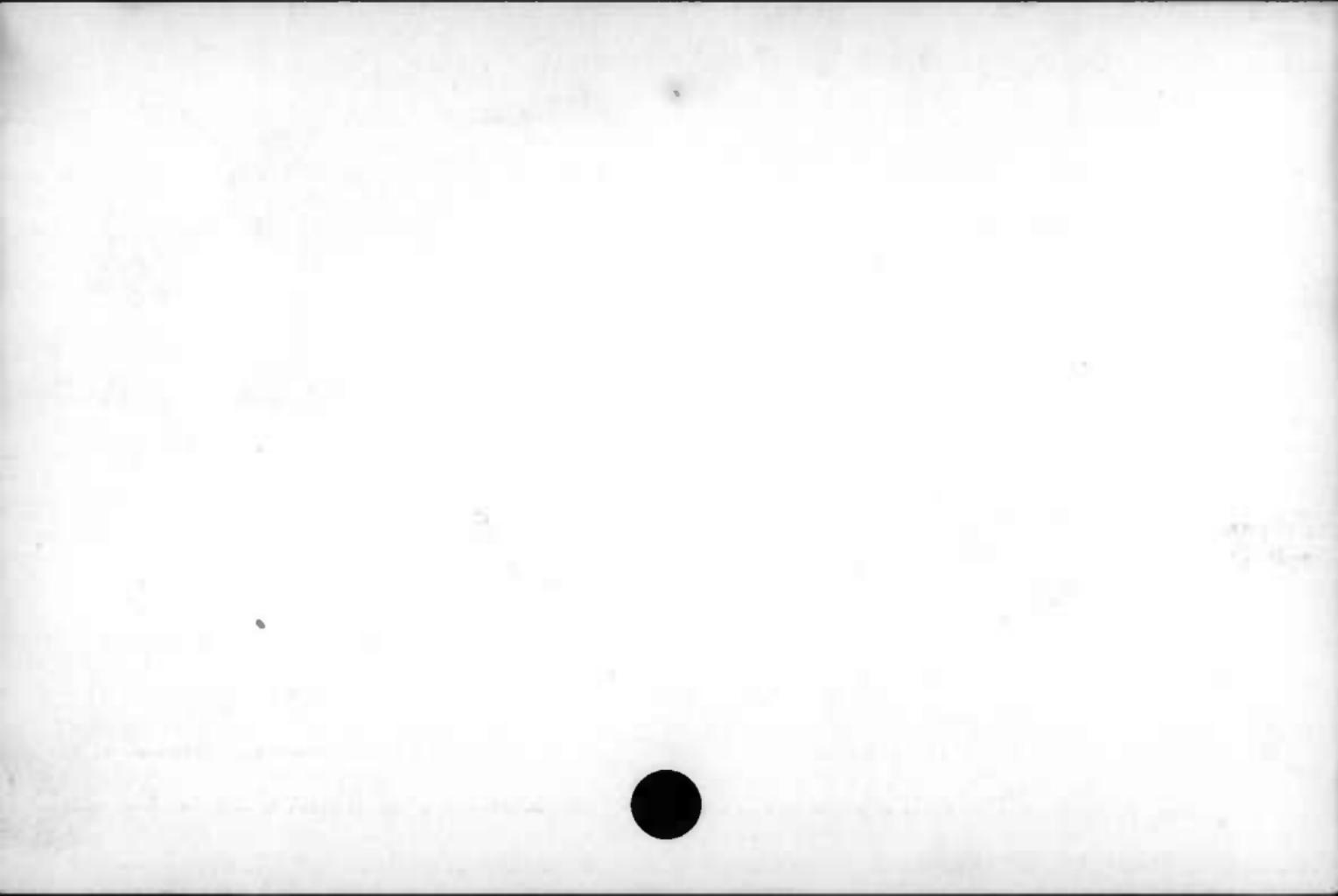
ws

Signature of Physician

John B. Rogers and
Ellen C. Rogers

Address

Accident or Suicide?



Thomas H. Keys

Died at North Laurel, Howard County

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1905	Sep	19th	Age 23	"	"

Sex male	Color or Race White	Birth-place Savage 146
----------	---------------------	------------------------

Occupation Laborer	Where Residing if not at place of death North Laurel
--------------------	--

Married, Single or Widowed Yes	Name of Wife or Husband Mr.
--------------------------------	-----------------------------

Father's Name William Keys	Father's Birthplace Hazlehurst
----------------------------	--------------------------------

Mother's Maiden Name Anne Chaney	Mother's Birthplace Savage
----------------------------------	----------------------------

Name of person giving information Anne Keys	How related to deceased Mother
---	--------------------------------

(Misspelt)

CAUSES OF DEATH

Primary Tuberculosis	How long 1 yr.
----------------------	----------------

Immediate	How long
-----------	----------

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
--	------------------------

Yes	Address
-----	---------

Accident or Suicide?	
----------------------	--

Miss Saide

Name
in
Full

Emma Virginia Lieder

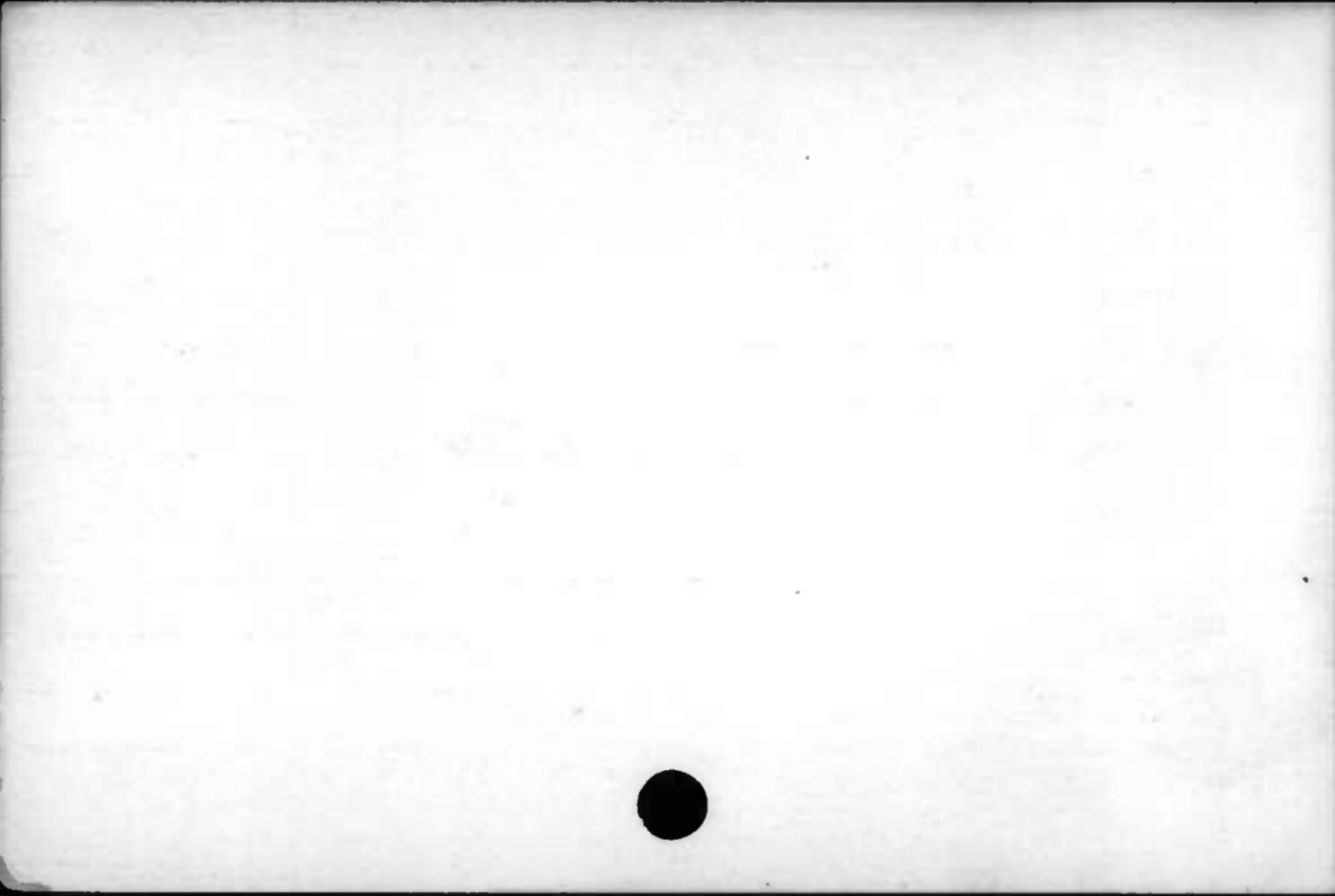
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mayfield</u>		Town <u>Town</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>25</u>	Years <u>4</u>	Age <u>4</u>	Months <u>1</u>	Days <u>0</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>	Father's Name <u>Harry Lieder</u>		Father's Birthplace <u>Penn.</u>			
Mother's Maiden Name <u>Margaret E. Rastor</u>	Name of person giving information <u>Father</u>	Mother's Birthplace <u>Md.</u>		How related to deceased <u> </u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Typhoid -</u>	How long <u>14 days -</u>
	Immediate <u>Weakness</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u> </u>
Yes		Address <u>Brookside Dr West Friend St Howard County</u>
Accident or Suicide?		



Name
in
Full

Paul Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	Dr. J. G. Gwinne MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	White	-	Birth-place
Occupation	Where Residing if not at place of death			Maryland Md.	
Married, Single or Widowed	Single	Name or Wife or Husband	None	Father's Birthplace	Germany
Father's Name	Gottlieb Miller			Mother's Birthplace	"
Mother's Maiden Name				How related to deceased	None
Name of person giving information	Thomas B. Ottman				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rail Road accident -	How long	Immediate
Immediate	Shock from Amputation	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thomas B. Ottman
Yes		Address	Elliott City - Maryland
Accident or Suicide?			



Violet Puttymans

Town

County

MARYLAND

Died at

Courtsville Howard County

Month

Day

Y.

M.

D.

Native of

Date 19

05

Sept 5

Age

14.0m

Howard Co

Occupation

Male

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

	Andrew Puttymans	Mother's	Harriet Dorsey
		Maiden Name	
Primary	Typhovis		How long sick
Immediate	Heart failure		five weeks
			Accident, Suicide, Homicide
	J.W. Sims M.D.		
	Glenwood		Howard County



Name in Full

Certificate of Death

Name in Full
Harriet Rhodes

Died at Heilow County Howard MARYLAND

Date 1905 Month Sept. 12 Day 12 Y. 4 M. - D. - Native of Ind. Occupation -
Male White Age 4 Widow - Divorced -
Female Colored Married - Widower - Number of children living -
Single -

Husband of

Wife

Father's
Name

Wm H. Rhodes Mother's Name Betty Rhodes

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1955



Name
in
Full

Charles A. Snowden

CERTIFICATE OF DEATH

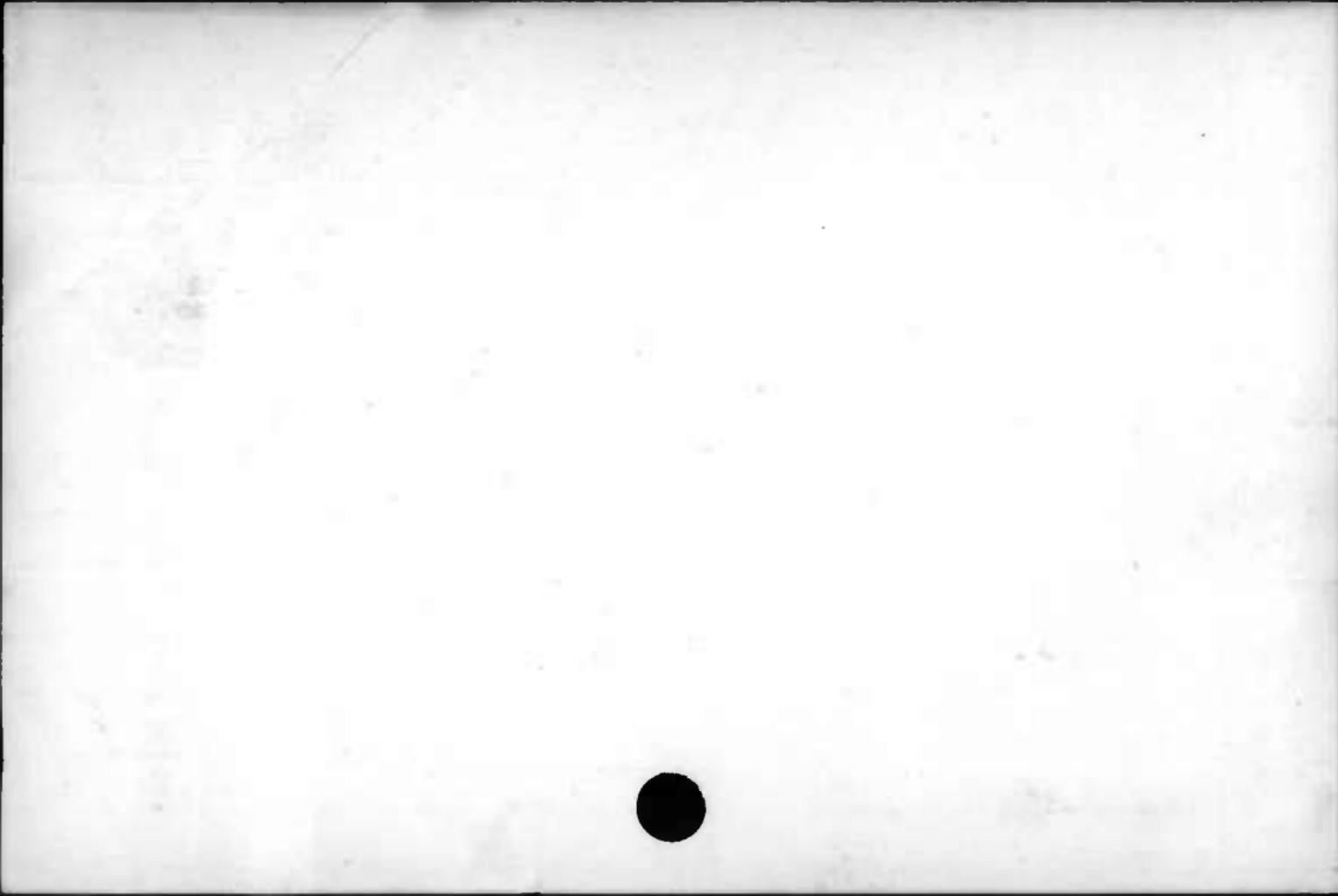
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1905	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary	Zyphoid Fever	How long
Immediate	inflammation	16 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
	Address	Boggsie
Accident or Suicide?		Minimium M. Savage Md.

PHYSICIAN
OR CORONER



Name
in
Full

John Webb

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Elkridge

County

Howard

MARYLAND

Date
of death

1905 Sept

Month

Day

6

Years

Age

Months

2

Days

Sex

Male

Color or
Race

Never

Birth-
place

Elkridge

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Eugene Webb

Father's
Birthplace

Elkridge

Mother's
Maiden Name

Marta Bacon

Mother's
Birthplace

Anne

Name of person giving
Information

John Eugene Webb

How related
to deceased

Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Janitor

How long

One Month

Immediate

Artisan

How long

Are the name, age, sex, color, date
and place correctly given above?

WS

Signature of
Physician

Address

Marta Bacon and
Elkridge and

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elzoh Wheeler

Town County
Elkridge Howard

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1905	9	15	Age 22	X	
Sex Male	Color or Race	Birth-place Md			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary

High and Fever

How long

26 day

Immediate

Heart failure

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

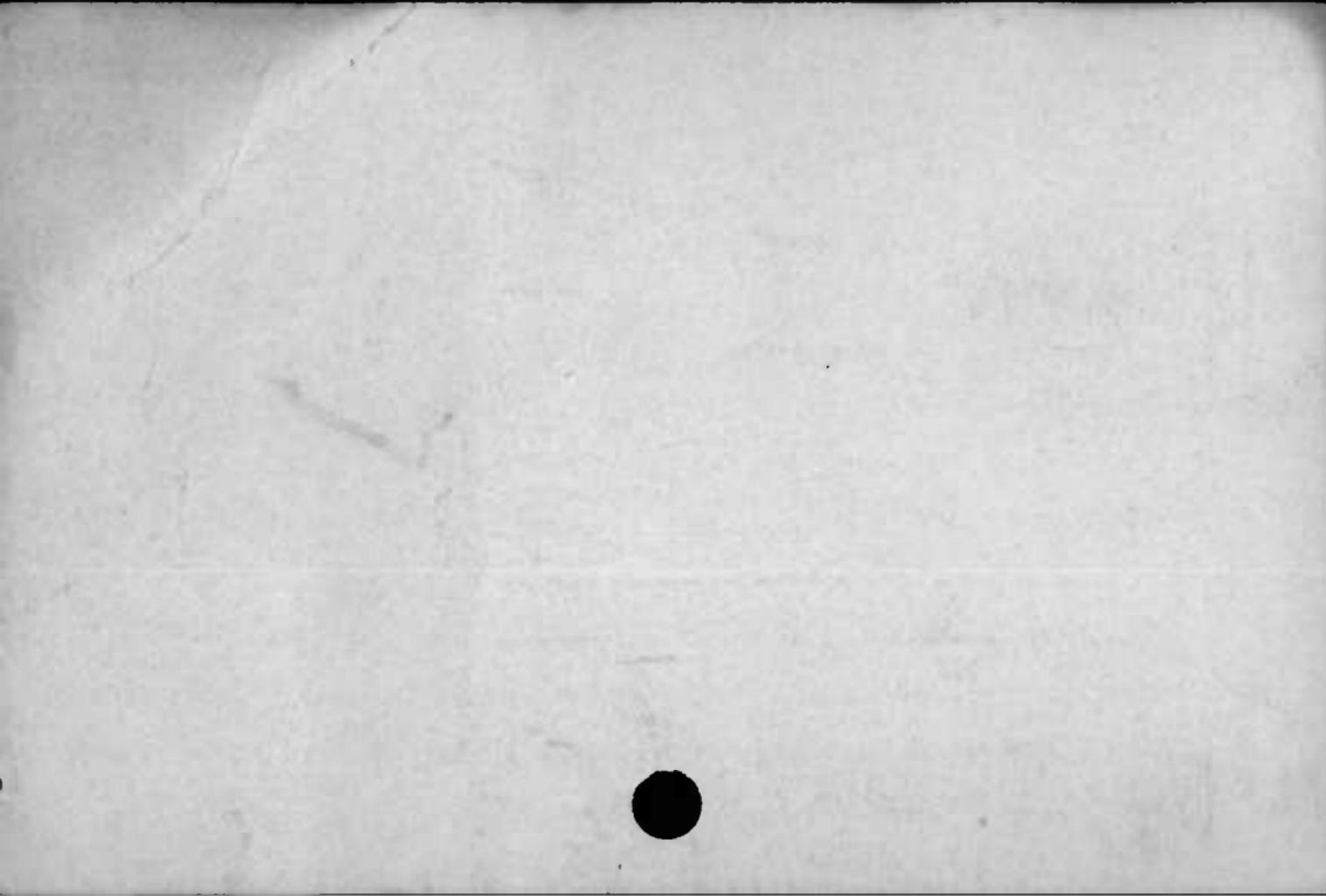
Signature of Physician

Address

Harrison Tongue

Elkridge
Md

Accident or Suicide?



Name
in
Full

Eliza Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation			
Married, Single or Widowed	Married		house keeper		
Name of Wife or Husband	John Young				
Father's Name	Edward Turner		Father's Birthplace	Richmond Va	
Mother's Maiden Name	Mary Harmon		Mother's Birthplace	" "	
Name of person giving information			How related to deceased	"	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long
Immediate	Asthma	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. G. Avings, M.D.
Ellicott City, Md.

Accident or Suicide?

